SOUTHERN WISCONSIN CENTER FOR DD

21425 SPRING STREET

UNION GROVE 53182 Phone: (262) 878-2411 Ownership: State Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 351 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %						
Home Health Care Supp. Home Care-Personal Care	No No			Age Groups %		Less Than 1 Year 1 - 4 Years	4.1 2.6	
Supp. Home Care-Household Services	No	•	100.0	Under 65	95.1	•	93.2	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	4.5			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	0.4	1	100.0	
Adult Day Care	dult Day Care No Alcohol & Other		0.0	85 - 94	0.0	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care No Pa		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No Cance		Cancer	0.0			Nursing Staff per 100 F	Residents	
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	0.0	65 & Over	4.9			
Transportation	No	Cerebrovascular	0.0			RNs	12.8	
Referral Service	No	Diabetes	0.0	Sex	용	LPNs	3.2	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	70.7	Aides, & Orderlies	117.9	
Mentally Ill	No			Female	29.3			
Provide Day Programming for			100.0					
Developmentally Disabled Yes					100.0			

Method of Reimbursement

		edicare			edicaid itle 19			Other		P	rivate Pay	:		amily Care			anaged Care			
Level of Care	No.	o _l o	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				266	100.0	423	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	266	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		266	100.0		0	0.0		0	0.0		0	0.0		0	0.0		266	100.0

SOUTHERN WISCONSIN CENTER FOR DD

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Admissions, Discharges, and	•	on of Residents'	Conditions, Services,	and Activities as of 12/	/31/02
Deaths During Reporting Period			·		
			% Needing		Total
Percent Admissions from:	Activities of	%	Assistance of	2	Number of
Private Home/No Home Health	13.3 Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0 Bathing	8.3	50.8	41.0	266
Other Nursing Homes	0.0 Dressing	18.0	43.6	38.3	266
Acute Care Hospitals	0.0 Transferring	60.9	15.0	24.1	266
Psych. HospMR/DD Facilities	66.7 Toilet Use	26.3	40.2	33.5	266
Rehabilitation Hospitals	6.7 Eating	37.6	32.7	29.7	266
Other Locations	13.3 **************	*****	******	*******	******
Total Number of Admissions	15 Continence		% Special Treat	ments	%
Percent Discharges To:	Indwelling Or Exter	rnal Catheter	1.1 Receiving H	Respiratory Care	2.6
Private Home/No Home Health	0.0 Occ/Freq. Incontine	ent of Bladder	65.8 Receiving 5	Tracheostomy Care	0.8
Private Home/With Home Health	0.0 Occ/Freq. Incontine	ent of Bowel	56.0 Receiving S	Suctioning	1.1
Other Nursing Homes	0.0		Receiving (Ostomy Care	0.8
Acute Care Hospitals	0.0 Mobility		Receiving 5	Tube Feeding	8.3
Psych. HospMR/DD Facilities	0.0 Physically Restrair	ned	2.6 Receiving N	Mechanically Altered Diets	67.7
Rehabilitation Hospitals	0.0				
Other Locations	66.7 Skin Care		Other Resider	nt Characteristics	
Deaths	33.3 With Pressure Sores	3	1.1 Have Advance	ce Directives	0.4
Total Number of Discharges	With Rashes		3.0 Medications		
(Including Deaths)	15		Receiving B	Psychoactive Drugs	61.7

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		DD ilities		All ilties	
	8	%	Ratio	9	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	76.1	83.9	0.91	85 . 1	0.89	
Current Residents from In-County	12.0	38.2	0.32	76.6	0.16	
Admissions from In-County, Still Residing	0.0	18.5	0.00	20.3	0.00	
Admissions/Average Daily Census	5.6	20.3	0.28	133.4	0.04	
Discharges/Average Daily Census	5.6	23.6	0.24	135.3	0.04	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	4.9	15.3	0.32	87.7	0.06	
Title 19 (Medicaid) Funded Residents	100.0	99.2	1.01	67.5	1.48	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
Impaired ADL (Mean) *	51.7	54.0	0.96	49.3	1.05	
Psychological Problems	61.7	48.2	1.28	54.0	1.14	
Nursing Care Required (Mean) *	10.7	11.3	0.94	7.2	1.48	